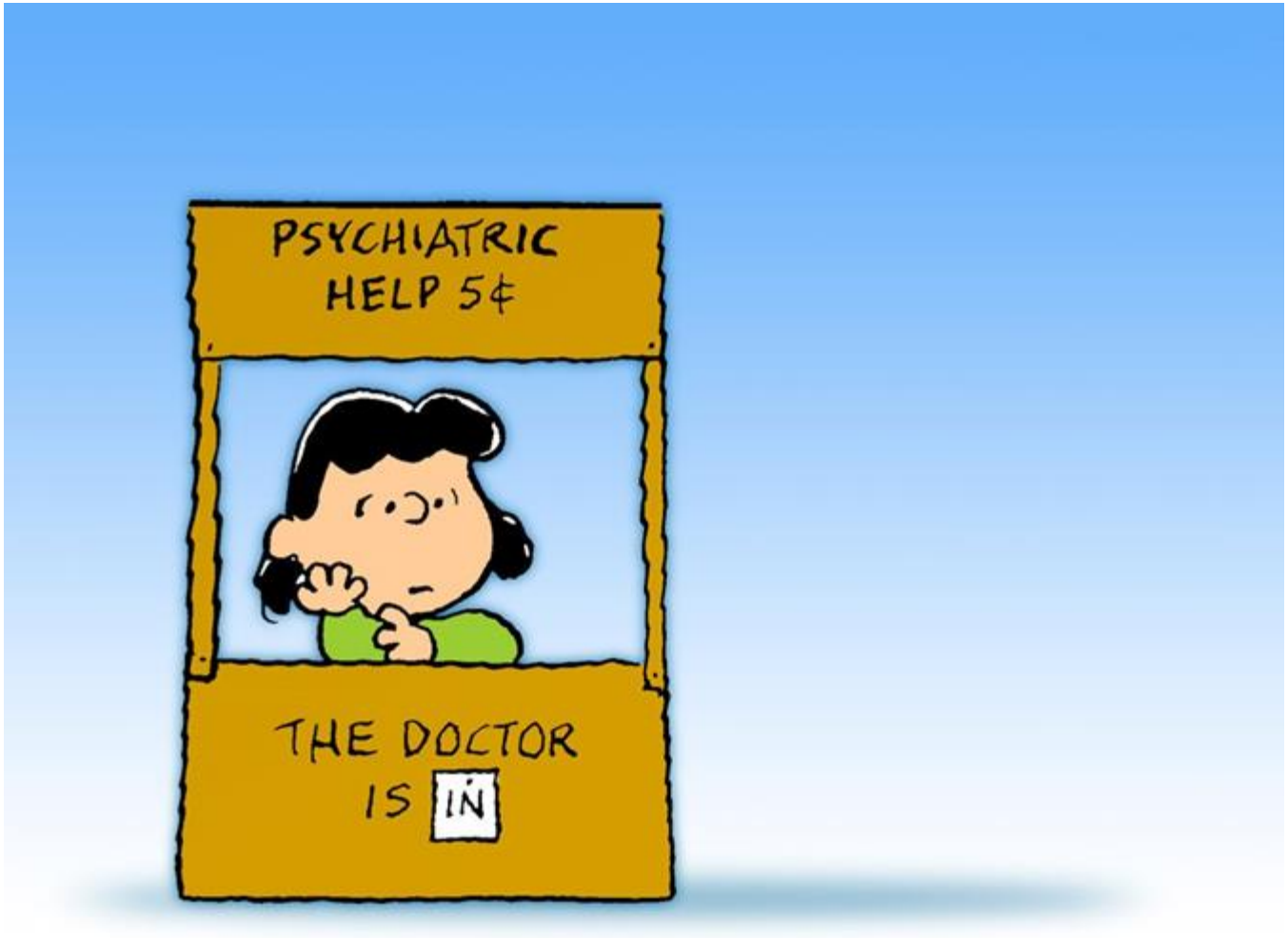
Motivational Interviewing



Context of Motivational Interviewing

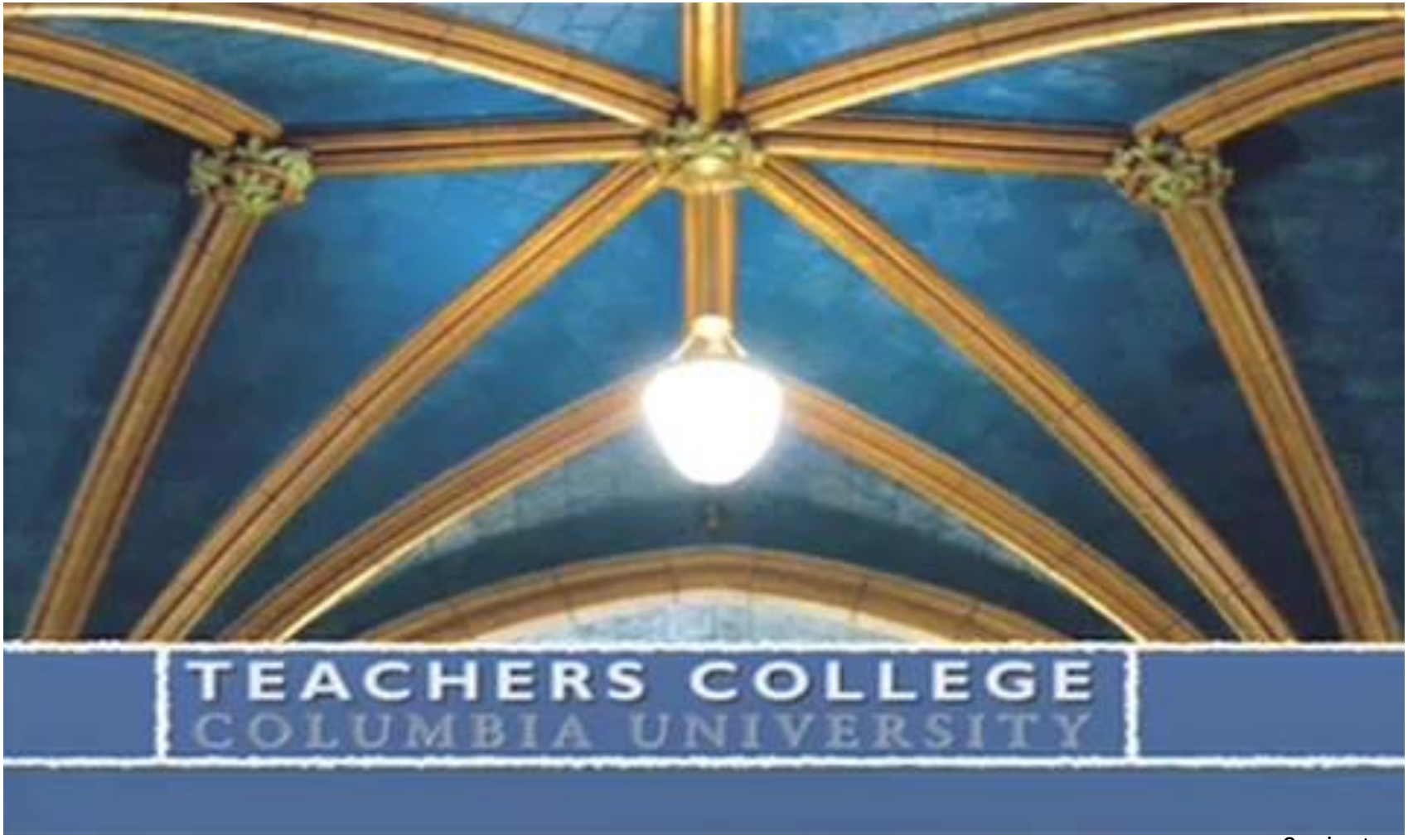
- A study of 4,144 smokers found:
  - 42% – Not thinking about quitting at all
  - 40% – Thinking about quitting
  - 18% – Ready and willing to change
- Change advice is appropriate for the 18% of smokers in the Preparation stage of change
- What do we do for the 82% who are not yet ready to change?

Addict Behav. 1995 Mar-Apr;20(2):189-203. http://www.ncbi.nlm.nih.gov/pubmed/7484313

Ineffective Interviewing Style

3 minutes

http://www.youtube.com/watch?v=80XyNE89eCs&hd=1
http://www.youtube.com/watch?v=QNUEfXw5oGQ



9 minutes

http://www.youtube.com/watch?v=6EeCirPyq2w&hd=1
http://www.youtube.com/watch?v=FrxGYgfvW9w

Wellness Coaching

Wellness Coaching	Counseling / Therapy
Client finds his or her own answers	Counselor provides expert advice
Deals with client's present	Deals with client's past
Action oriented	Feeling/emotion oriented
Adult learning model: how to attain goals	Medical model: Diagnose and treat disease/dysfunction
Focus on present strengths and future goals	Focus on past events to resolve present pain and conflict

Health Promotion and Wellness: An Evidence Based Guide to Clinical Preventive Services, p.14

Effective Interviewing Style

5 minutes

http://www.youtube.com/watch?v=URiKA7CKtfc&hd=1
http://www.youtube.com/watch?v=JWNKrzhbDX4

Pre-contemplative Patient

7 minutes

http://www.youtube.com/watch?v=_YOULz-MPaU&hd=1
http://www.youtube.com/watch?v=65MS-WaOL2U

Angry Patient

4.5 minutes

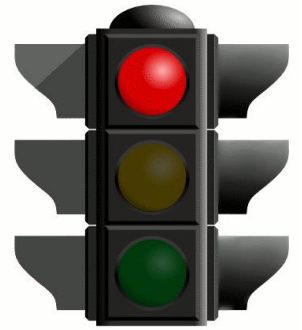
https://www.youtube.com/watch?v=hB-zchaxlNc&hd=1
https://www.youtube.com/watch?v=pF5t1lZOVRs

Interpreting Body Language

- Body language is what we "say" to one another without the use of words
- Research has shown that when we communicate with others, only 7% of our feelings are conveyed with words, 38% of what we communicate is through our tone of voice and 55% is by using body language

http://www.montgomeryschoolsmd.org/departments/studentaffairs/pdf/sa/resources/communications/bodylang.pdf

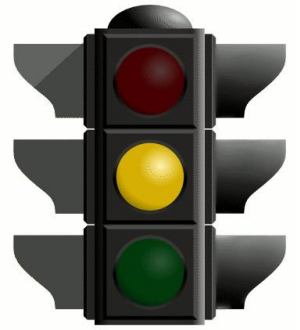
Red = STOP
You have lost your listener



Gestures	Possible Meanings
arms folded on chest	not going to listen
clutched jaw	antagonism
fists clenched	defensiveness
running fingers through hair	frustration
sharp signs	furiousness or boredom
tapping on table	impatience

http://www.montgomeryschoolsmd.org/departments/studentaffairs/pdf/sa/resources/communications/bodylang.pdf

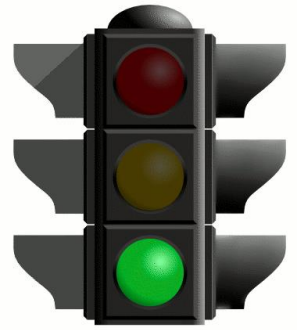
Yellow = SLOW DOWN
Your listener is getting lost



Gestures	Possible Meanings
hand over mouth	doubtful
frown	displeasure
raised eyebrow	disbelief
clearing throat	nervousness
picking fingernails	seeking reassurance
pinching bridge of nose	concern
stroking chin	stalling for time

http://www.montgomeryschoolsmd.org/departments/studentaffairs/pdf/sa/resources/communications/bodylang.pdf

Green = GO
Your listener is attentive



Gestures	Possible Meanings
uncrossed legs	open to agreement
open hands, palms up	sincere, open
cock the head	interested
sitting on edge of chair	ready to accept
eye contact	weighing proposal
mouth/chin relaxed	considering ideas
nodding	agreeing

http://www.montgomeryschoolsmd.org/departments/studentaffairs/pdf/sa/resources/communications/bodylang.pdf

Doctor's Body Language

- Maintain eye contact
- Pleasant facial expression
- Forward leaning, open body posture
- Warm, pleasant voice tone
- Rate of speech not too fast or too slow
- Proximity to patient not too close or too distant

Your Body Language Shapes Who You Are

" . . . when people watch 30-second soundless clips of real physician-patient interactions, their judgments of the physician's 'niceness' predict whether or not that physician will be sued."

https://www.youtube.com/watch?v=Ks-_Mh1QhMc

Empathic Style

- The doctor's style is a powerful determinant of patient resistance and change
- An empathic style is more likely to bring out self-motivational responses and less resistance from the patient

Motivational Interviewing is called "interviewing" because it involves careful listening and strategic questioning, rather than teaching in order to help patients resolve their ambivalence about change.

Spirit of Motivational Interviewing

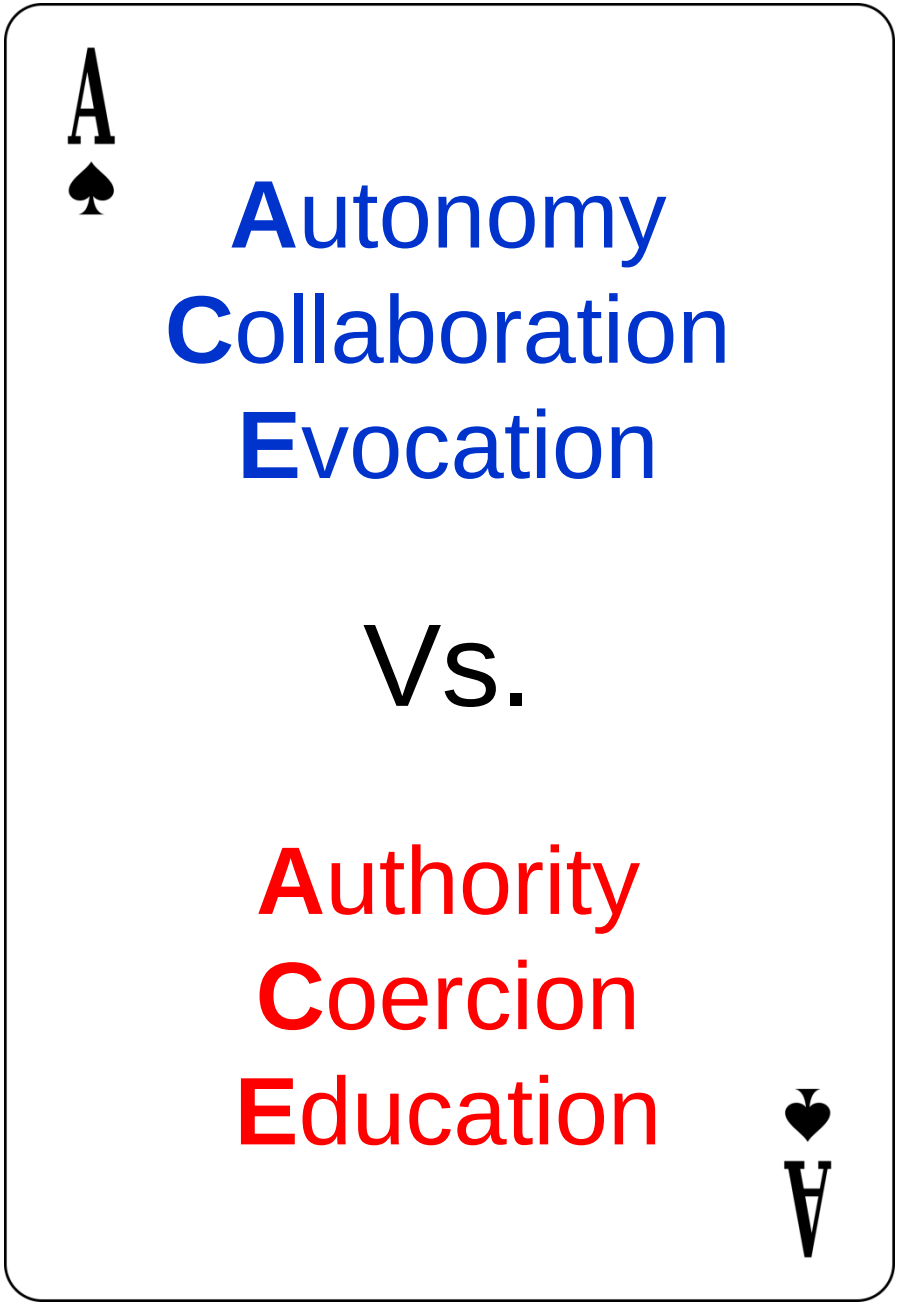
- Autonomy
  - Motivational Interviewing also requires a certain degree of detachment from outcomes—not an absence of caring, but rather an acceptance that people can and do make choices about the course of their lives
  - Ironically, it is acknowledging the other's right and freedom to not change that sometimes makes change possible

http://www.guilford.com/excerpts/rollnick.pdf

Spirit of Motivational Interviewing

- Collaboration
  - Instead of an uneven power relationship in which the expert clinician directs the passive patient in what to do, there is an active collaborative conversation and joint decision-making process
- Evocation
  - Motivational Interviewing seeks to evoke from patients that which they already have, to activate their own motivation and resources for change

http://www.guilford.com/excerpts/rollnick.pdf


A
Autonomy
Collaboration
Evocation
Vs.
Authority
Coercion
Education
A

Personal Choice and Responsibility

- In Motivational Interviewing, it is not your task to *give* a patient a choice, it is not yours to give
- You do not *allow* a patient to choose because that choice always belongs with the patient
- Your task is to help patients make choices that are in their best interests

http://www.adp.ca.gov/SBI/pdfs/TIP_35.pdf

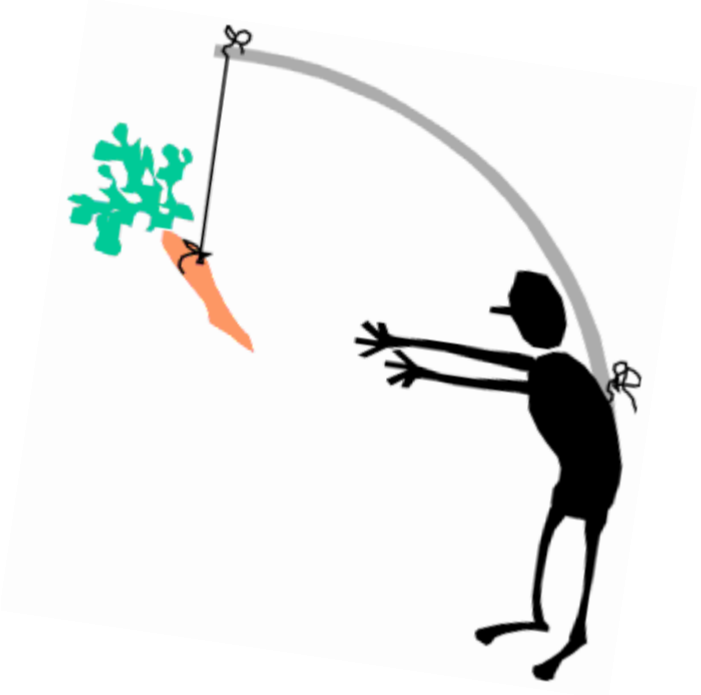
Ambivalence

- When having to make a decision, many people feel torn between taking one course of action or another
- Motivational interviewing involves selective responding to speech in a way that resolves ambivalence and moves the person toward change
- It uses reflective listening and open-ended questions to encourage *change talk*

The Handbook of Health Behavior Change, Shumaker, Ockene, Riekert, 2009 Springer p.152,155

Motivation to Change

- A patient's belief in the possibility of change is an important motivator
- The patient, not the doctor, is responsible for choosing and carrying out change
- The doctor's belief in the patient's ability to change can become a self-fulfilling prophecy



How and Why People Change

- Motivation predicts behavior and is changeable
- The doctor can do a lot to increase (or decrease) a patient's motivation to change
- When people make changes for internal reasons, they try harder, are more satisfied, and stick with the changes longer than when they make changes for external reasons
- People change when a new action or behavior is more in line with their personal beliefs or values

http://nicic.gov/Downloads/PDF/Library/022253.pdf

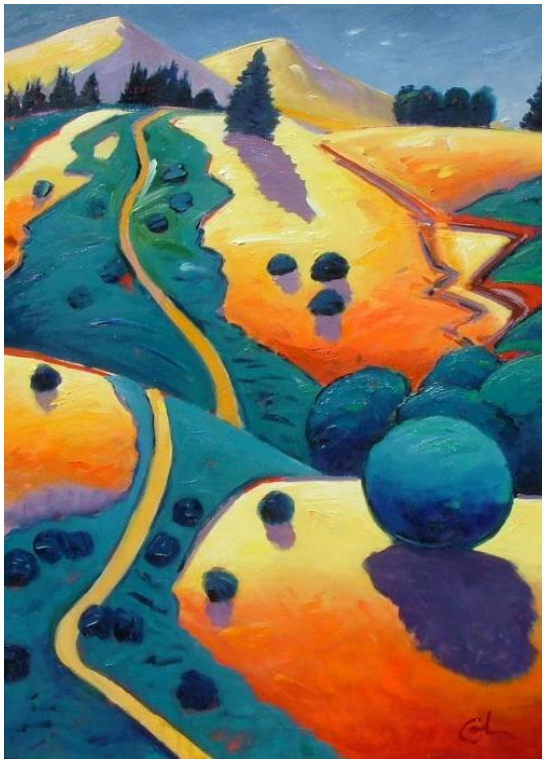
Motivation to Change

- Although internal factors are the basis for change, an individual's motivation to change can be strongly influenced by external factors such as family, friends, and community support
- Critical life events such as a traumatic accident, severe illness, death of a loved one, getting married, or becoming pregnant can be the stimulus needed to take action

http://www.adp.ca.gov/SBI/pdfs/TIP_35.pdf

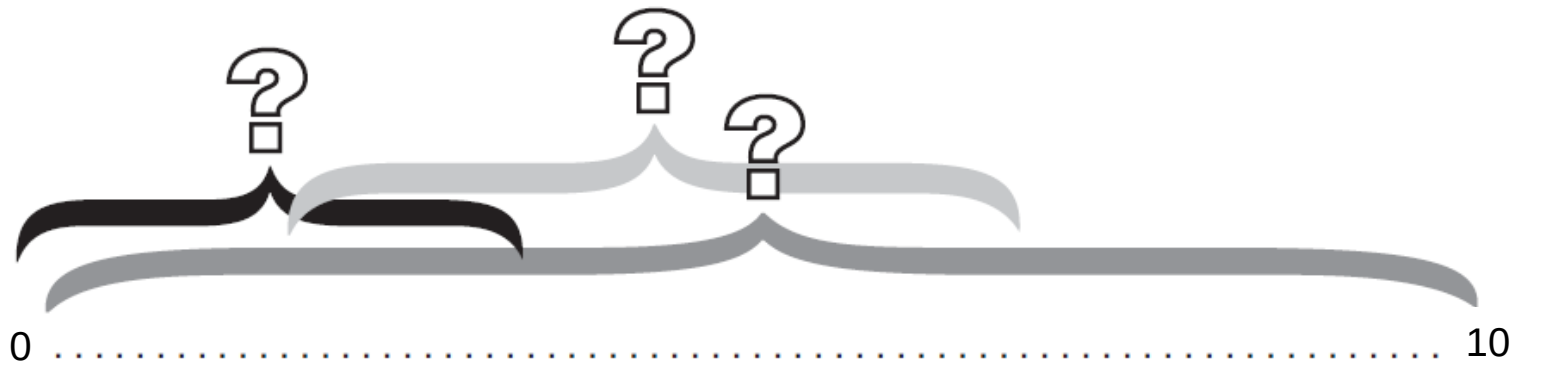
Realistic Expectations

- Most change does not occur overnight
- Change is best viewed as a gradual process with occasional setbacks, much like hiking up a bumpy hill
- Difficulties and setbacks can be reframed as learning experiences, not failures



http://www.adp.ca.gov/SBI/pdfs/TIP_35.pdf

The Motivational Continuum



People come in within a certain range of motivation.
What you say influences where they end up.

http://nicic.gov/Downloads/PDF/Library/022253.pdf

Style of Motivational Interviewing

- Emphasizes listening and looking for ways to direct the interaction toward positive change talk
- Mixed feelings, hesitancy, and even arguments against change are a normal part of the change process
- Aggressive confrontation pushes the patient backward in the change process
- Calling attention to ambivalence can help the patient to see when the behavior is in conflict with their other personal values

http://nicic.gov/Downloads/PDF/Library/022253.pdf

Sustain Talk

- Costs of changing
- Benefits of not changing

Change Talk

- Benefits of changing
- Costs of not changing

The Handbook of Health Behavior Change, Shumaker, Ockene, Riekert, 2009 Springer p.155

Costs of Not Changing

- In what ways has this been a problem for you?
- What do you think will happen if you don't change?

Benefits of Changing

- What would be the good things about changing?
- What would you like your life to be like a year from now?

Costs vs. Benefits of Drinking

Good Things about Drinking

- Social activity with friends
- Get away from problems
- Helps to deal with stress

Not-So-Good Things

- Possible legal trouble from DWI
- Trouble in marriage
- Health problems
- Hangovers, blackouts
- Trouble at work
- Financial cost
- Bad role model for children

"It's interesting that your not-so-good list is longer than the good list. What do you make of that?"

http://nicic.gov/Downloads/PDF/Library/022253.pdf

Is the Patient Ready to Change?

Importance

- Does the patient want to make the change, or are they happy to remain as they are?

Confidence

- Does the patient feel they can succeed with the changes?

For change to occur, patients need to be ready, willing, and able to make the change

The Handbook of Health Behavior Change, Shumaker, Ockene, Riekert, 2009 Springer p.152

Importance and Confidence Rulers

Importance Ruler

On a scale of 0 to 10, how important is it for your to make a change?

0 1 2 3 4 5 6 7 8 9 10

Not at all important Extremely important

Confidence Ruler

On a scale of 0 to 10, how confident are you that you could make a change if you wanted to?

0 1 2 3 4 5 6 7 8 9 10

Not at all important Extremely important

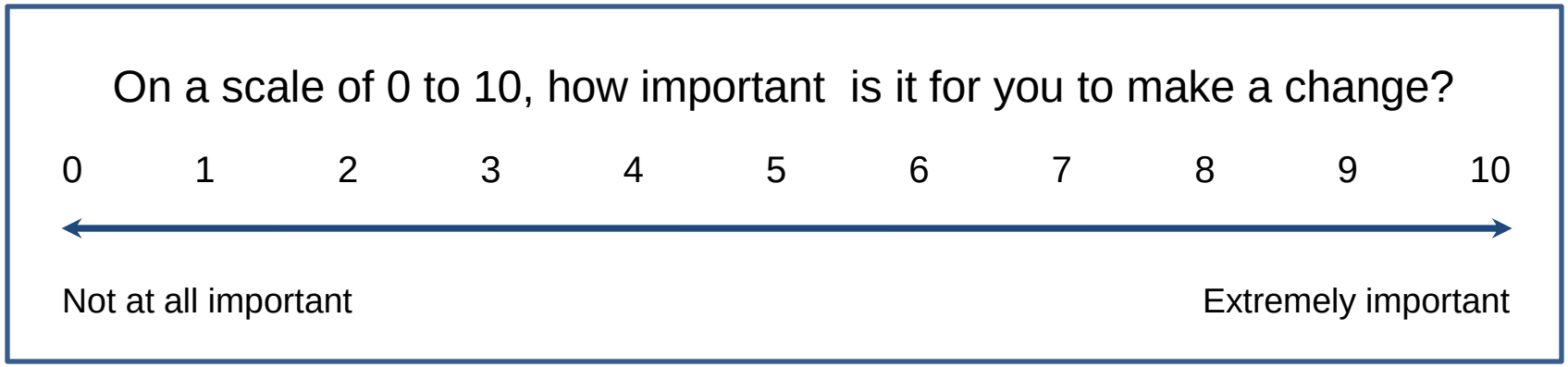
http://nicic.gov/Downloads/PDF/Library/022253.pdf

Lower-Higher Questions

- Importance
  You picked _____.
  Why not _____?
  (a lower number)

- Confidence
  What would it take to
  get you to a _____ ?
  (a higher number)

Stages of Change



The following provides a general "rule of thumb" for assessing a patient's stage of change:

0-2	Pre-contemplation
3-5	Contemplation
6-9	Contemplation / Preparation
10	Action

Health Promotion and Wellness: An Evidence Based Guide to Clinical Preventive Services, p.17

Information Exchange

- Information giving within health care is usually a process in which the patient is a passive recipient:

  "You are eating too much of X. This means that you are at a much higher risk of developing Y. What I suggest you do is Z."

- It makes the assumption that the patient will just take the advice and do as told, which is unlikely in the case of an ambivalent patient

The Handbook of Health Behavior Change, Shumaker, Ockene, Riekert, 2009 Springer p.162

Information Exchange

- There are two times when it is OK to give expert information or advice:
  - When the patient requests it
  - When the patient gives permission for it
- Providing advice to a patient who has not yet made the decision to change will likely increase resistance and decrease the likelihood of change

Information Exchange

- If your consultation time is limited, ask patients why they would want to make a change and how they might do it rather than telling them that they should change
- It is the patient, rather than you, who should be voicing the arguments for behavior change
- Patients are more likely to be persuaded by their own arguments than by those of the doctor

We tend to believe what we hear ourselves say.

http://www.guilford.com/excerpts/rollnick.pdf

Information Exchange

- With Motivational Interviewing, information is exchanged with patients using the elicit – provide – elicit method:

  Elicit: *"What do you know about the complications of diabetes?"*

  Provide: *"Would it be OK if I told you a little bit more about that?"*

  Elicit: *"So, what do you think that might mean for you?"*

The Handbook of Health Behavior Change, Shumaker, Ockene, Riekert, 2009 Springer p.162

Evoke vs. Educate

“Tell me more about …”

Principles of Motivational Interviewing

1. Express Empathy
   - Demonstrates that you understand the patient's perspective
   - Uses reflective listening techniques to draw out the patient's concerns and reasons for change
   - *"You see a connection between your smoking and the possibility of having another heart attack."*

The Handbook of Health Behavior Change, Shumaker, Ockene, Riekert, 2009 Springer p.156,159

Non-Empathic Responses

- Giving Advice – Doctor uses expertise to recommend a course of action
- Judging – Doctor implies there is something wrong with the person or with what has been said
- Ridiculing – Doctor uses disapproval statements directed at correcting a problem behavior or attitude
- Withdrawing – Doctor uses humor or other means to change the subject

Principles of Motivational Interviewing

2. Roll with Resistance

- Avoid confrontation with the patient
- Sometimes described as going along with what the patient says for a while
- *"You think I'm going to try to force you to do things you're not happy with."*

The Handbook of Health Behavior Change, Shumaker, Ockene, Riekert, 2009 Springer p.156

Principles of Motivational Interviewing

3. Support Self-Efficacy
   - Self-Efficacy is the patient's belief in their ability to change
   - Build the patient's confidence without telling them what to do
   - *"So, despite finding it really tough this week, you've still managed to lose a few pounds. That must feel pretty good."*

The Handbook of Health Behavior Change, Shumaker, Ockene, Riekert, 2009 Springer p.156

Principles of Motivational Interviewing

4. Develop Discrepancy
   - Highlights how the behavior in question does not fit in with their perception of how they would like to be
   - *"So, on the one hand, smoking is a big thing in your life, and you can't imagine not doing it. Yet you love your family and you hate feeling that you are letting them down by smoking."*

The Handbook of Health Behavior Change, Shumaker, Ockene, Riekert, 2009 Springer p.156

The Motivational Interviewing Skill Set

- Open-Ended Questions
- Affirmations
- Reflective Statements
- Summaries

Use O.A.R.S. to Elicit Change Talk

Open-Ended Questions

- Closed questions focus on the doctor's agenda and thus place the patient in a passive and less engaged role
- The Question – Answer trap tends to stop the momentum of the discussion
- Open-Ended questions require more than a yes or no answer
- For every question you ask, listen to the answer and provide a reflective response before asking another question

Closed Question

- Do you feel you have a problem with alcohol?
- Is it important to you to complete your weight loss program successfully?
- Do you enjoy exercising?
- Anything else?

Open-Ended Question

- What problems has your alcohol use caused you?
- How important is it for you to complete your weight loss program successfully?
- How do you feel about exercising?
- What else?

http://nicic.gov/Downloads/PDF/Library/022253.pdf

Affirmations

- Compliments or praise are not considered affirmations in Motivational Interviewing
- Avoid using **I** statements:

  *"**I** see you are doing a great job."*

- Instead use **You** statements that are descriptive rather than evaluative:

  *"Despite serious temptations at the party **you** were able to make a decision to not drink."*

Useful MI Questions

- How would things be better for you if you made that change?
- What do you think will happen if you don't . . . ?
- What would you like to see changed about this situation?
- If you wanted to change, how would you go about it?
- What worked for you in the past?
- How can you make that happen?
- What can I do to help you succeed at . . . ?

Useful MI Statements

- I can see why you might think that.
- I know this must be difficult for you.
- At this point, it doesn't seem that big a deal to you.
- So the thing that concerns you most is . . . .
- It seems that you are not ready to make a change at this time.
- It's up to you what to do about this.
- I appreciate your honesty.
- Let me see if I understand thus far . . . .

Resistance to Change

- Most clinicians can recall a patient who claims that his great uncle smoked until he was 107 years old and was never ill, presenting this as a rationale for refusing to give up smoking
- Resistance is a signal that the rapport you have with the patient has broken down
- Upon encountering resistance, it is important to respond to it in a manner that defuses it rather than fuels it

The Handbook of Health Behavior Change, Shumaker, Ockene, Riekert, 2009 Springer p.153

Strategies to Reduce Resistance

- Use reflective listening
- Use empathic statements
- Focus on building the relationship rather than on patient change
- Engage patients by first discussing issues that are important to them
- Explore concerns about why they don't want to talk about the risky behavior
- Emphasize that the issue of whether or not to change is their decision

Confrontation Creates Resistance

- When we increase confrontation, and thereby resistance
- We decrease the likelihood of change

Confrontation

- You've got a problem because . . .
- Why don't you . . .
- If you don't you'll . . .

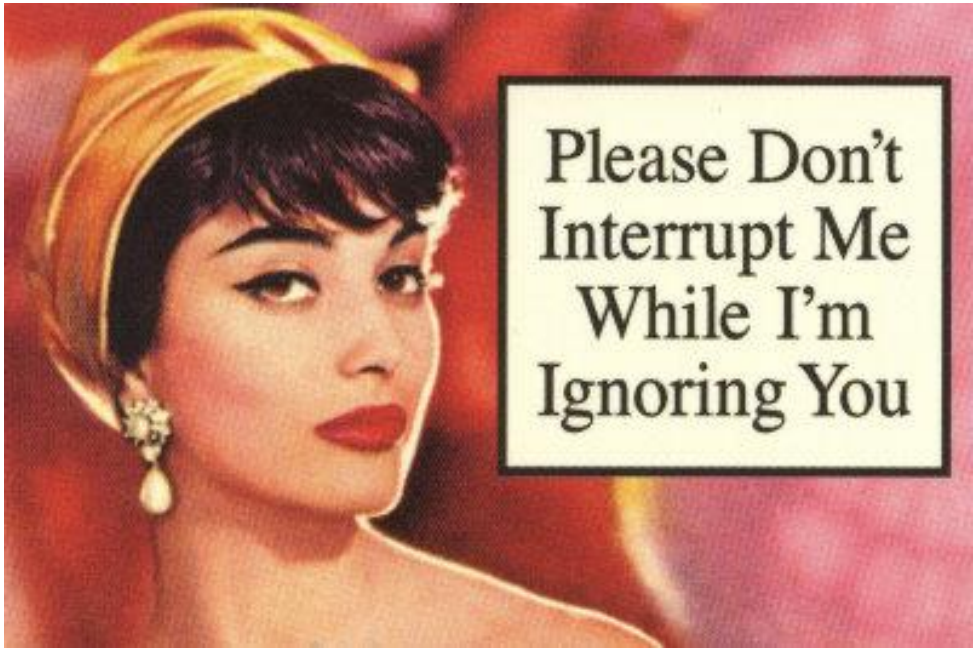
Resistance

- No, I don't because . . .
- That won't work for me because . . .
- My friend did and he . . .

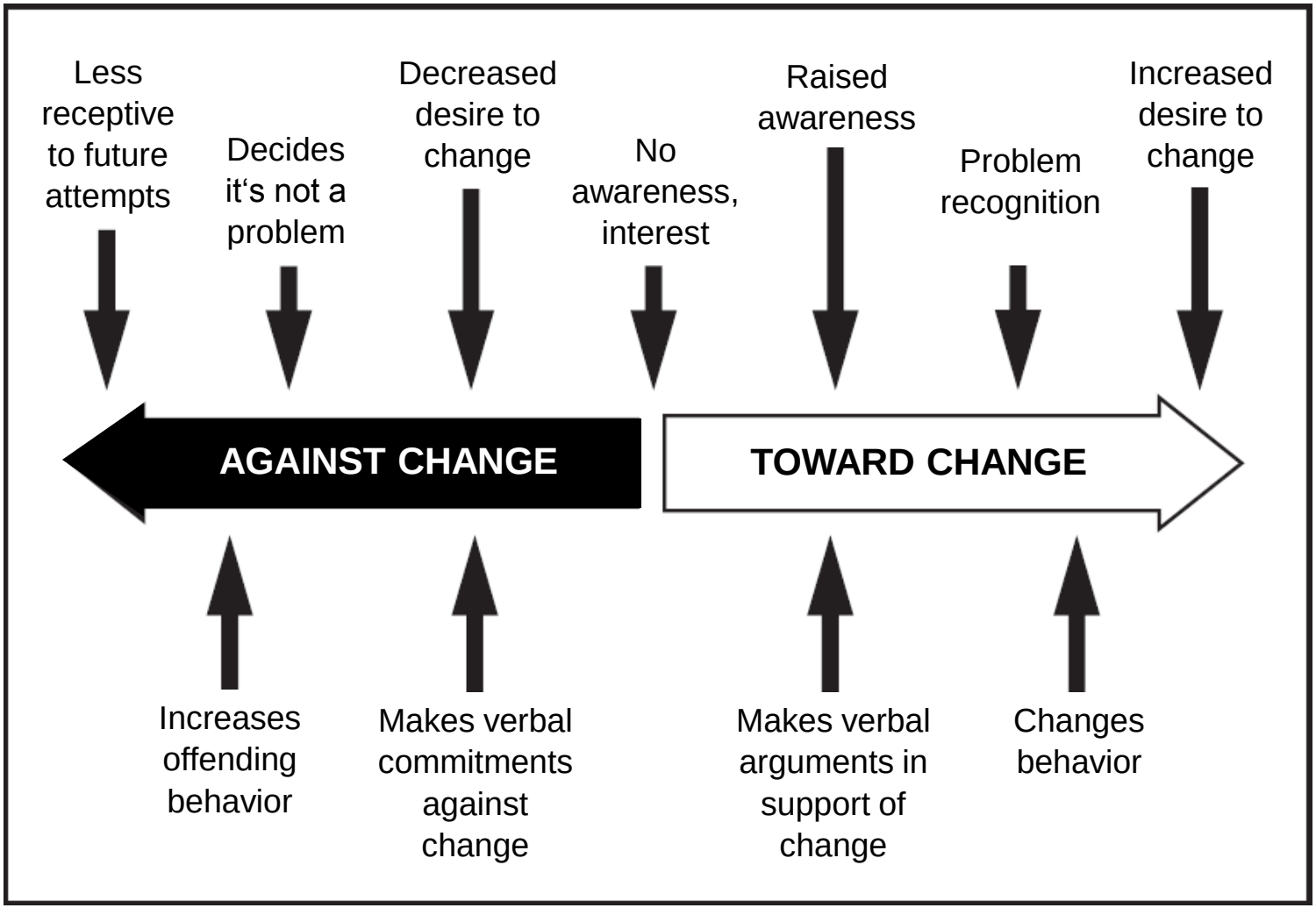
http://nicic.gov/Downloads/PDF/Library/022253.pdf

Forms of Resistance

- Blaming
- Excusing
- Minimizing
- Reluctance
- Arguing
- Interrupting
- Ignoring



The Resistance Change Continuum



http://nicic.gov/Downloads/PDF/Library/022253.pdf

Reflective Listening

- It is not enough for you to listen to the patient
- Reflect back what you hear, so they know that you have heard what they have said
- At their core, reflections are guesses as to what the patient is saying or thinking
- The best reflections do not just parrot back what the patient has said
- Instead paraphrase what has been said or guess what would come next if the patient continued to talk

http://nicic.gov/Downloads/PDF/Library/022253.pdf

Chinese character for ‘Listening’

Ears (to hear)

Eyes (to see)

Undivided attention (to focus)

Mind (to think)

Heart (to feel)

Continuing Phrases

- Yes
- I see
- Go on
- I can appreciate that
- Uh-huh
- Oh
- Mm-hmm
- What else
- Tell me more
- Go ahead

Summarize What Has Been Said

- Summaries can act as a bridge to help the patient to continue
- Summaries help to remind the patient what has been said or point out a connection between different statements, such as:
  - Specific problems or behaviors that were discussed
  - The patient's most important reasons for wanting to take action
  - What the plan of action will look like, including measures of success in completing the action

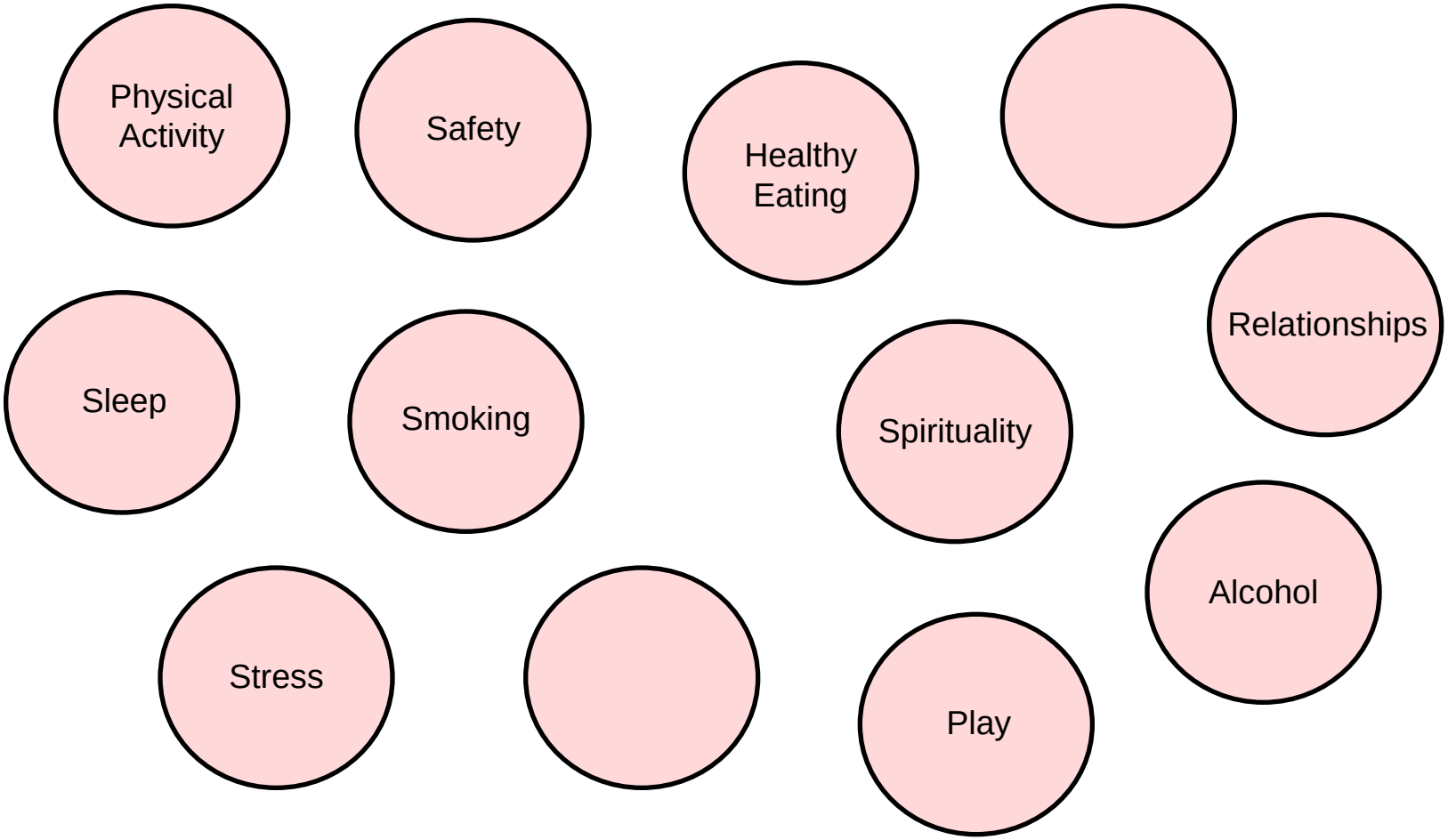
Qualities to Strive For

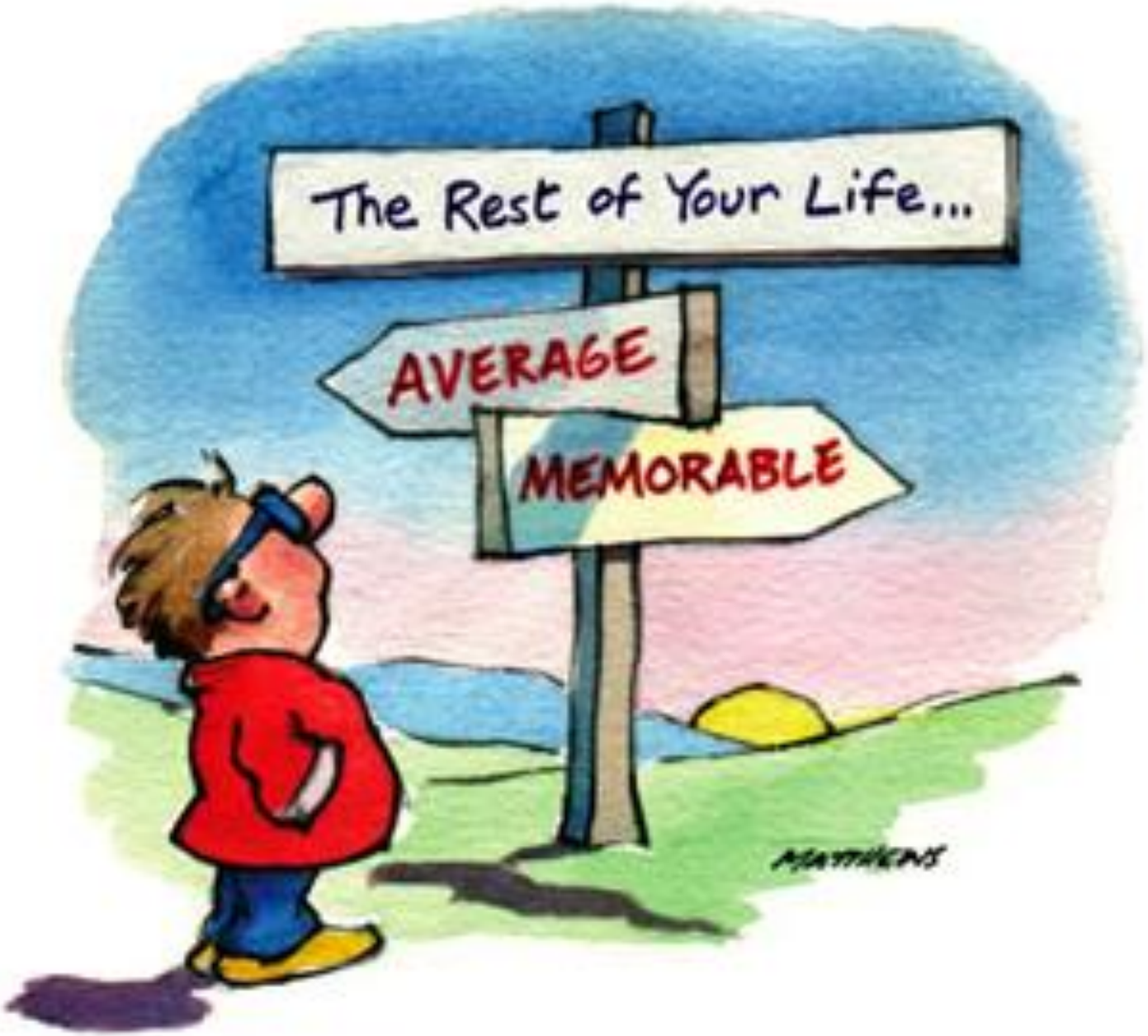
- Respect for individual differences
- Tolerance for disagreement and ambivalence
- Patience with gradual approximations
- Genuine caring and interest in the patient

Interviewing Strategies

- Talk less than your patient does
- When you do ask questions, ask mostly open-ended questions
- On average, ask just one question for every two or three reflective listening statements
- Accept all answers
  (Don't argue with answers given by patient)
- Explore the costs and benefits with respect to the patient's goals and values

"Which of these might you want to talk about today? Or perhaps there is something else?"




The Rest of Your Life...
AVERAGE
MEMORABLE